Choosing a health plan that's right for you and your family is an important decision. Although monthly premium is an important attribute to consider, it is only one of many factors that will help determine your satisfaction with a plan.

Keep in mind that doctors, hospitals and other health care providers can leave a plan's network, but you may not change plans until the next annual enrollment, unless you move out of the plan's service area.

	INDEMNITY BASIC & MEDICARE EXTENSION (OME)	INDEMNITY COMMUNITY CHOICE	INDEMNITY PLUS	HARVARD PILGRIM INDEPENDENCE	NAVIGATOR BY TUFTS HEALTH PLAN	HMOs AND HMO MEDICARE PLANS
Are you eligible to join the plan and is it available in your area?	Yes*	*See pages 11, 14-15 and 20*				
What will your monthly premium cost be?	Retired Municipal Teachers (RMTs) – *see pages 9-10* All other GIC Enrollees – *see pages 6-7*					
What will your out-of-pocket costs be?	Estimate your out-of-pocket costs by comparing co-pays and deductibles for the services you and your covered dependents are likely to use. *Medicare enrollees see pages 16-17. Non-Medicare RMTs and EGRs see pages 18, 21-23 and 26-27. Other Non-Medicare enrollees see pages 18 and 21-27.*					
Does your doctor(s) participate in the plan?	Yes*	Yes, if your doctor is in Massachusetts	Contact the plan for information on in-network doctors			
Does your hospital(s) participate in the plan?	Yes*	Contact the plan for information on in-network hospitals				
Will you have out-of-state coverage?	Unlimited*	Limited	Limited – *available in some contiguous states*	Limited – *available in some contiguous states*	Limited – *available in some contiguous states*	Limited
	Emergency care is covered by all plans. See charts on pages 14 and 20 for coverage by county and contiguous state coverage. The Commonwealth Indemnity Plan Basic and Commonwealth Indemnity Plan Medicare Extension (OME) are the only plans available throughout the United States and outside of the country.					
Do you need to select a Primary Care Physician (PCP) to coordinate care and obtain referrals to most specialists?	No	No	No	No	No	Yes
Do you need plan authorization for certain procedures – *such as MRIs, physical therapy, and hospitalizations?*	Yes for all plans.					
Is there out-of-network coverage with reduced benefits?	N/A	Yes	Yes	Yes	Yes	No
How does the plan rate in quality and member satisfaction?	*See the 2005 MHPG-GIC HMO Report Card, available on our website.* *Ask friends about their experience with a health plan.*					
Does the plan have a pre-existing condition exclusion?	No for all plans.					
Does the plan offer gym membership and eyewear discounts?	Contact the plan for details.					
What are the plan's physical therapy, occupational therapy and chiropractic benefits?	Contact the plan.					
What company administers the prescription drug benefits?	Express Scripts	Express Scripts	Express Scripts	Harvard Pilgrim Health Care	Caremark	The HMO
What company administers mental health/substance abuse benefits?	United Behavioral Health	United Behavioral Health	United Behavioral Health	PacifiCare Behavioral Health	United Behavioral Health	HMOs *arrange coverage internally or with a managed mental health plan*

** Benefit payments to out-of-state providers are determined by allowed amounts and you may be responsible for a portion of the total charge. This does not apply to Commonwealth Indemnity Plan Medicare Extension (OME) members.*

Multi-Tier Co-payment Structure

All GIC health plans have a tiered co-payment structure in which members generally pay less for generic drugs and more for brand name drugs. This system maintains a broad choice of covered drugs for patients and their doctors, while providing an incentive to use medications that are safe, effective and less costly.

The following descriptions will help you understand your prescription drug co-payment levels. *See the Benefits-at-a-Glance charts on pages 16-17, 21 and 24-27 for the corresponding co-payment information.* (Some plans may categorize their prescription drug tiers differently from those listed below. Call the plans for more information.)

Generic (usually tier 1): Generic drugs contain the same active ingredients as brand name drugs and are sold under their chemical name. These drugs are subject to the same rigid FDA standards for quality, strength, and purity as brand name drugs. Generic drugs cost less than brand name drugs because they do not require the same level of sales, advertising, and development expenses associated with brand name drugs.

Preferred Brand Name (tier 2): The manufacturer sells these drugs under a trademarked name. Preferred brand name drugs usually do not have less costly generic equivalents.

Non-Preferred Brand Name (tier 3): These drugs are also trademarked. They have a generic equivalent or a preferred brand alternative that can be substituted.

Tips for Reducing Your Out-of-Pocket Prescription Drug Costs

You want the best when it comes to medications, and you want to spend your money wisely. You ***can*** do both. The following tips will help you lower your out-of-pocket prescription drug costs:

Ask for Generics: Ask your doctor or pharmacist if there is a generic drug that is appropriate for your condition. By choosing a generic medication, you usually can save on your co-payment. Generic drugs generally cost less than brand name drugs.

Give Your Doctor a Copy of Your Plan's Formulary: The majority of GIC plans revise their drug formularies in January and update them throughout the year. It is available on most plan websites. Photocopy the formulary, keep a copy for yourself and give it to each doctor that you see.

The formulary gives you a list of the most commonly prescribed medications – generics and preferred brand name drugs – with the lowest co-pays. Frequently, there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. Discuss with your doctor whether the drugs with lower co-payments are appropriate for you.

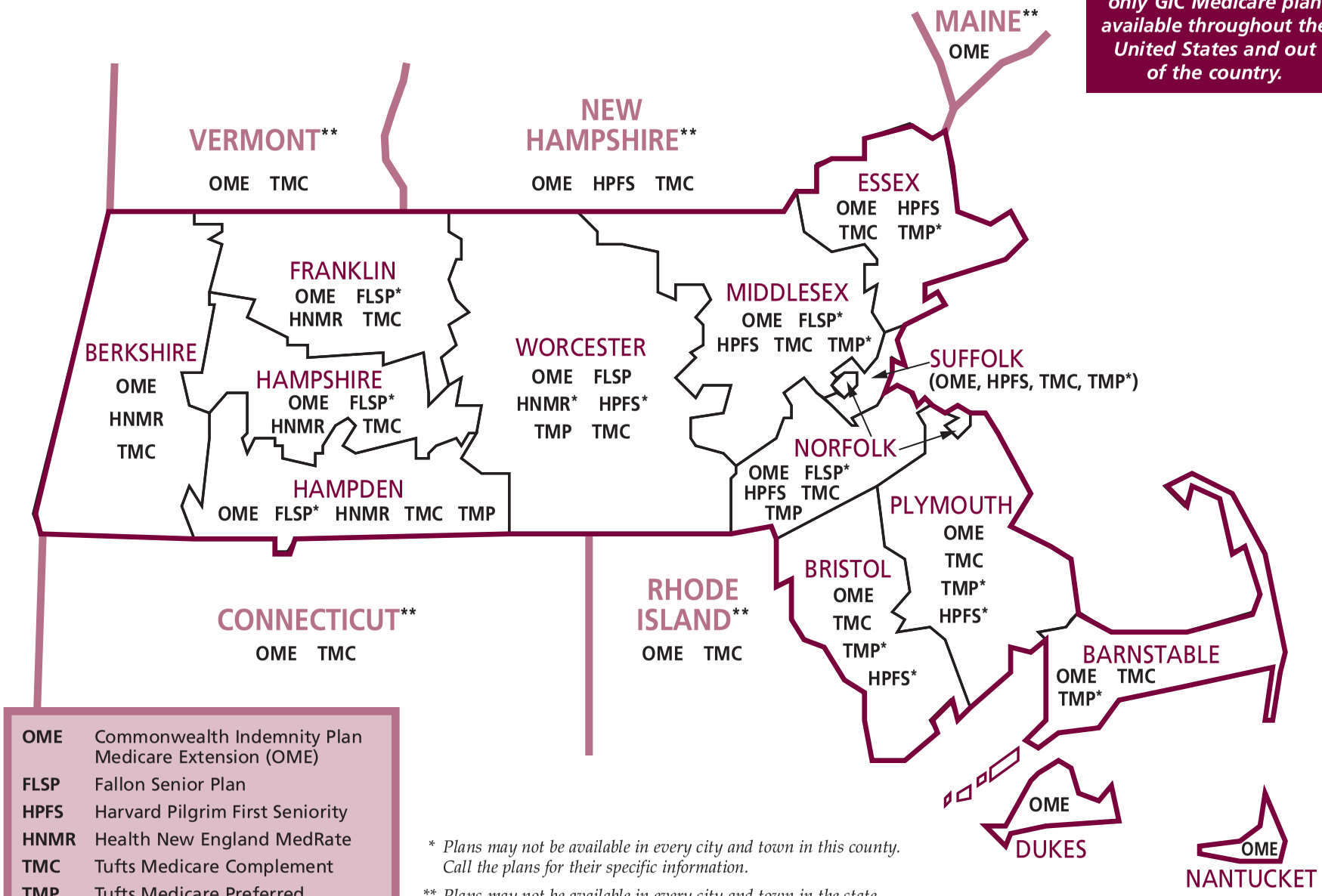
Use Mail Order: If you are taking a medication on a regular basis, take advantage of mail order savings and convenience. Members taking drugs for asthma, high blood pressure, allergies, high cholesterol and other long-term conditions will enjoy lower co-pays and home delivery with mail order. For most drugs, you will only need to order refills once every three months – you get up to a 90-day supply of your medication with each order. Once you begin mail order, you can conveniently order refills by phone or Internet. It's easy to get started. Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year if appropriate. Complete a mail service order form and send it along with your prescription and co-pay to your prescription drug plan. Members receive a mail order prescription drug form when they enroll in the plan. *See pages 16-17, 21 and 24-27 to calculate how much you will save by switching from using your local pharmacy to using mail order.*

Medicare Part D and Your Prescription Drug Benefits

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the Medicare drug plans being offered. Therefore, you should not enroll in a Medicare drug plan. *See page 5 for additional details.*

Where you live determines which health plan(s) you are eligible to join. Review the county and state map below for an overview of health plan(s) available in your area.

The Commonwealth Indemnity Plan Medicare Extension (OME) is the only GIC Medicare plan available throughout the United States and out of the country.



OME	Commonwealth Indemnity Plan Medicare Extension (OME)
FLSP	Fallon Senior Plan
HPFS	Harvard Pilgrim First Seniority
HNMR	Health New England MedRate
TMC	Tufts Medicare Complement
TMP	Tufts Medicare Preferred

* *Plans may not be available in every city and town in this county. Call the plans for their specific information.*

** *Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage.*

Medicare Guidelines

Medicare is the federal health insurance program for retirees age 65 and older and certain younger disabled people. Call or visit your local Social Security office to determine your eligibility.

Medicare Part A covers hospital care, some skilled nursing facility care and hospice care. Part B covers physician care, diagnostic X-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage. If you or your spouse is disabled, contact Social Security about Medicare eligibility. If you (the state insured) continue working after age 65, you and/or your spouse must enroll in Medicare Part A and defer your Medicare Part B until you retire.

When you (the state insured) retire:

- If you and/or your spouse is eligible for Part A for free, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage.

Insured and Spouse Coverage if Under and Over Age 65

If you or your spouse or other covered dependent is younger than age 65, you and/or your spouse or other covered dependent *(under age 65)* will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

Non-Medicare/Medicare Plan combination choices for state retirees, deferred retirees, survivors, and former employees receiving continuation coverage:

- Commonwealth Indemnity Plan Basic OR Commonwealth Indemnity Plan Community Choice OR Commonwealth Indemnity Plan PLUS/Commonwealth Indemnity Plan Medicare Extension (OME)
- Fallon Community Health Plan Direct OR Select Care/Fallon Senior Plan
- Harvard Pilgrim Independence Plan/Harvard Pilgrim Health Care First Seniority
- Health New England/Health New England MedRate
- Navigator by Tufts Health Plan/Tufts Health Plan Medicare Complement OR Tufts Health Plan Medicare Preferred

Non-Medicare/Medicare Plan combination choices for Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs):

- Commonwealth Indemnity Plan Basic/ Commonwealth Indemnity Plan Medicare Extension (OME)
- Fallon Community Health Plan Direct OR Select Care/Fallon Senior Plan
- Health New England/Health New England MedRate

GIC Medicare Choices

GIC Medicare plans provide comprehensive coverage for some services that Medicare does not cover. The Commonwealth Indemnity Plan Medicare Extension (OME) is available throughout the United States and outside of the country. The HMO Medicare plans require you to live in their service areas. *Refer to page 14 for additional information. See pages 16-17 for an overview of each plan's benefits.*

Helpful Reminders

- **You MUST continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC health coverage.**

- Call or visit your local Social Security office for more information about Medicare benefits.
- You may change GIC Medicare plans only during annual enrollment, unless you move out of a GIC Medicare HMO service area.
- If you want to enroll in the Commonwealth Indemnity Plan Medicare Extension (OME), write to the Group Insurance Commission.
- If you want to enroll in an HMO Medicare Plan, complete the HMO's Medicare application, available from the plan or our website. You must also notify the GIC in writing.
- Benefits and rates of Fallon Senior Plan, Harvard Pilgrim Health Care First Seniority, and Tufts Health Plan Medicare Preferred are subject to change January 1, 2007. These three plans include Medicare Part D prescription drug benefits. Contact the plans for additional details.
- Medicare HMO enrollment areas may change at any time during the year.

Benefits-at-a-Glance: Medicare Plans

This chart is an overview of the plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN MEDICARE EXTENSION (OME) with CIC[1] (Comprehensive) UNICARE	FALLON SENIOR PLAN[2]
TELEPHONE NUMBER	**1.800.442.9300**	**1.866.344.4442**
WEBSITE	**www.unicare-cip.com**	**www.fchp.org**
Preventive Care *office visits according to schedule*[3]	100%, after $5 per visit	100%, after $10 per visit
Physician Office Visit *(except mental health)*	100%, after $35 calendar year deductible	100%, after $10 per visit
Inpatient Hospital Care	100%, after $50 deductible per quarter	100%
Hospice Care	100%, after $35 calendar year deductible	100%
Diagnostic Laboratory Tests and X-rays	100%	100%
Surgery *Inpatient & Outpatient*	100% within MA; call the plan for out-of-state details	100%
Emergency Room Care *(includes out-of-area)*	100%, after $25 co-pay per visit *(waived if admitted)* *(calendar year deductible may apply)*	100%, after $50 co-pay per visit *(waived if admitted)*
Hearing Aids	First $500 covered at 100%; 80% coverage for the next $1,500 per person, per two-year period	
Prescription Drug Co-pays[4]		
Network Pharmacy – Up to a 30-day supply	$7 generic $20 preferred brand name $40 non-preferred brand name[5]	$8 tier I $15 tier II $35 tier III
Mail Order – Maintenance drugs up to a 90-day supply	$14 generic $40 preferred brand name $90 non-preferred brand name[5]	$16 tier I $30 tier II $105 tier III
Intermediate and Inpatient Mental Health and Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.	
Outpatient Mental Health Care	*See page 18 for details.*	100%, after $10 per visit
Outpatient Substance Abuse Care	*See page 18 for details.*	100%, after $10 per visit

[1] *Without CIC (non-comprehensive) deductibles are higher and coverage is only 80% for some services.*

[2] *Benefits and rates of Fallon Senior Plan, Harvard Pilgrim First Seniority, and Tufts Health Plan Medicare Preferred are subject to change January 1, 2007.*

[3] *Contact the plan for the schedule.*

[4] *Contact the individual plan to find out how a specific drug is categorized.*

[5] *Additional charges may apply. See page 19 for details on Express Scripts benefits.*

For more information about a specific plan's benefits or providers, call the plan or visit its website.

HARVARD PILGRIM HEALTH CARE FIRST SENIORITY[2]	HEALTH NEW ENGLAND MEDRATE	TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN MEDICARE PREFERRED[2]
1.800.779.7723	**1.800.842.4464**	**1.800.870.9488**	**1.800.867.2000**
www.harvardpilgrim.org	**www.hne.com**	**www.tuftshealthplan.com**	**www.tuftshealthplan.com**
100%, after $10 per visit	100%, after $10 per visit	100%, after $10 per visit	100%, after $10 per visit
100%, after $10 per visit	100%, after $10 per visit	100%, after $10 per visit	100%, after $10 per visit
100%			
100%			
100%			
100%			
100%, after $50 co-pay per visit *(waived if admitted)*			
First $500 covered at 100%; 80% coverage for the next $1,500 per person, per two-year period			
$10 tier 1 $20 tier 2 $35 tier 3	$10 tier 1 $20 tier 2 $40 tier 3	$8 tier 1 $20 tier 2 $35 tier 3	$10 tier 1 $20 tier 2 $40 tier 3
$20 tier 1 $40 tier 2 $105 tier 3	$20 tier 1 $40 tier 2 $120 tier 3	$16 tier 1 $40 tier 2 $70 tier 3	$20 tier 1 $40 tier 2 $80 tier 3
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.			
100%, after $5 per visit	100%, after $10 per visit	100%, after $10 per visit	100%, after $10 per visit
Visit(s) 1-8: 100%, after $5 per visit; Visits 9-20: 100%, after $25 per visit Visits 21 and up: 50%	100%, after $10 per visit	100%, after $10 per visit	100%, after $10 per visit

Benefits-at-a-Glance: Mental Health-Substance Abuse

For the Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan Medicare Extension (OME), Commonwealth Indemnity Plan PLUS and Navigator by Tufts Health Plan

This chart is an overview of plan benefits. It is not a complete description. Services for mental health and substance abuse conditions are not covered through the medical portion of your plan. ***For more detailed information about the plan design and providers, call UBH or visit its website.***

	COVERAGE	
PROVIDER	**United Behavioral Health (UBH)**	
TELEPHONE	**1.888.610.9039**	
WEBSITE	**www.liveandworkwell.com** *(access code: 10910)*	
BENEFITS	In-Network	Out-of-Network
Inpatient Care[2] ***Mental Health*** General hospital or Psychiatric hospital ***Substance Abuse*** General hospital or substance abuse facility	100%, after inpatient care deductible	80%[1], after deductible
Intermediate Care[2] *Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, day/partial hospitals, structured outpatient treatment programs.*	100%	80%
Outpatient Care[2] ***Individual and family therapy***	*Indemnity Basic, Community Choice, PLUS and Tufts Navigator* 100%, after $15 per visit *Medicare Extension OME* First 4 visits: 100% Visits 5 and over: 100%, after $10 per visit	First 15 visits: 80% per visit Visits 16 and over: 50% per visit[3]
Enrollee Assistance Program (EAP): *Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.*	*Indemnity Basic, Community Choice, PLUS and Tufts Navigator* Up to 3 visits: 100%	No coverage for EAP
Inpatient Care per Admission Deductible	*Indemnity Basic* $150 per calendar quarter *Community Choice, PLUS and Tufts Navigator* $200 per calendar quarter *Medicare Extension OME* $50 per calendar quarter	$150 per admission
Annual Deductible *(Separate from the medical deductible and out-of-pocket maximum)*	None	*Indemnity Basic, Community Choice, PLUS and Tufts Navigator* $150 per person *Medicare Extension OME* $100 per person *RMT/EGR* $75 per person
Provider Eligibility	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

[1] *Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.*
[2] *Treatment that is not pre-certified receives out-of-network level reimbursement.*
[3] *All outpatient out-of-network visits beyond session 15 require pre-authorization.*

Express Scripts, Inc. is the prescription drug benefits administrator for members of the Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan Medicare Extension (OME), and Commonwealth Indemnity Plan PLUS.

The prescription drug plan encourages the use of safe, effective and less expensive prescription drugs. In addition to a three-tier formulary and less expensive mail order service, as described on page 13, the Plan has three programs that address the issues of quality, safety and cost:

Pilot Program with Value Co-Pays

Last year the GIC introduced pilot programs that encourage members to adhere to their cholesterol-lowering statin regimen and discourage members from taking high-cost GI/stomach drugs, such as Nexium, when other lower-cost drugs might work just as well. This pilot program, which lowers co-pays for certain generic drugs, will continue in Fiscal Year 2007.

Members prescribed these drugs will enjoy a very low **$2 retail and $4 mail order co-pay** for the following drugs:

- Generic versions of Mevacor
- Stomach acid medications: generic versions of H-2 antagonists, such as Tagamet 300, 400 and 800 mg, Pepcid 40 mg, Axid 150 and 300 mg, or Zantac 300 mg

These drugs would ordinarily have co-pays of $7 at retail and $14 through mail order.

In an effort to discourage members from taking drugs whose efficacy, value and/or safety is questionable, the following medications will stay on the **non-preferred brand name drug tier of $40 retail and $90 mail order**:

- COX-2 inhibitors: Celebrex
- All Proton Pump Inhibitors (PPIs): e.g., Nexium, Prevacid, Aciphex, Protonix and prescription-strength Prilosec

Prilosec OTC Covered

The GIC will continue to cover over-the-counter versions of Prilosec at a co-pay of $7 retail and $14 mail order. Have your physician write a prescription for Prilosec OTC to receive coverage.

Last year we moved omeprazole (generic Prilosec) to the non-preferred brand name tier in response to the high cost of this drug. Since that time, the price of this drug has fallen, so omeprazole will be moved to the preferred brand tier effective July 1, 2006.

Step Therapy

Under this program, members are encouraged to use the most appropriate drug therapy for certain conditions. Frequently, a physician will prescribe the most expensive drug without first trying effective, less-costly drugs proven to work for your condition. The Step Therapy program encourages the use of effective first-line drugs before expensive, second-line alternatives. Certain drugs that treat the following conditions are covered by Step Therapy: stomach acid, pain/arthritis, allergies, high blood pressure, topical dermatitis, ADD/ADHD, high cholesterol and depression. This drug list is subject to change. First-line drug treatments are safe, effective and less expensive than the second-line drugs. If your doctor thinks you need a second-line drug, he or she must contact Express Scripts to request a prior authorization.

Generics Preferred

This program provides an incentive for members to use the generic version of a brand name drug. If your doctor writes "do not substitute" on your prescription for a non-preferred brand name drug for which there is a generic version, you will pay the generic drug co-pay *and* the difference between the cost of the generic drug and the cost of the non-preferred brand name drug. Make sure your doctor knows that not using the generic drug will cost you more. He or she may reconsider whether or not to put you on the more expensive alternative.

Commonwealth Indemnity Plans' Prescription Drug Questions?

Contact Express Scripts

1.877.828.9744

www.express-scripts.com